

By: Zedler

H.B. No. 1273

A BILL TO BE ENTITLED

AN ACT

relating to denial of payment for preauthorized health care or dental care services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 843.348, Insurance Code, is amended by adding Subsection (g-1) to read as follows:

(g-1) Nothing in Subsection (g) may be construed to:

(1) authorize a provider to provide health care services outside of the scope of the provider's practice as defined by applicable state law; or

(2) require the health maintenance organization to pay for a health care service provided outside of the scope of a provider's practice as defined by applicable state law.

SECTION 2. The heading to Chapter 1217, Insurance Code, is amended to read as follows:

CHAPTER 1217. [~~STANDARD REQUEST FORM FOR~~] PRIOR AUTHORIZATION OF HEALTH CARE OR DENTAL CARE SERVICES

SECTION 3. Chapter 1217, Insurance Code, is amended by adding Section 1217.008 to read as follows:

Sec. 1217.008. PROHIBITION OF DENIAL OF PAYMENT FOR PREAUTHORIZED HEALTH CARE OR DENTAL CARE SERVICES. (a) If a health benefit plan issuer has given prior authorization for health care or dental care services, the health benefit plan issuer may not deny or reduce payment to the physician, dentist, or health care

1 provider for those services based on medical necessity or  
2 appropriateness of care unless the physician, dentist, or health  
3 care provider materially misrepresented the proposed health care or  
4 dental care services or substantially failed to perform the  
5 proposed health care or dental care services.

6 (b) Nothing in this section limits the liability of a  
7 physician, dentist, or health care provider:

8 (1) in an action brought under Chapter 36, Human  
9 Resources Code; or

10 (2) for a violation of state or federal law governing  
11 medical assistance under Chapter 32, Human Resources Code,  
12 including medical assistance delivered through a managed care model  
13 or health benefits provided under the state child health plan  
14 program under Chapter 62, Health and Safety Code.

15 (c) Subsection (a) does not apply to:

16 (1) a denial, recoupment, or suspension of or  
17 reduction in a payment to a physician, dentist, or health care  
18 provider made by a managed care organization under the direction of  
19 the Health and Human Services Commission's office of the inspector  
20 general, under the office's authority to prevent, detect, audit,  
21 inspect, review, and investigate fraud, waste, and abuse in the  
22 provision and delivery of all health and human services in the state  
23 under Section 531.102, Government Code; or

24 (2) a recovery by a managed care organization under  
25 Section 531.1131, Government Code.

26 (d) Nothing in Subsection (a) may be construed to:

27 (1) authorize a health care provider to provide health

1 care services outside of the scope of the health care provider's  
2 practice as defined by applicable state law; or

3 (2) require the health benefit plan issuer to pay for a  
4 health care service provided outside of the scope of a health care  
5 provider's practice as defined by applicable state law.

6 SECTION 4. Section 1301.135, Insurance Code, is amended by  
7 adding Subsection (f-1) to read as follows:

8 (f-1) Nothing in Subsection (f) may be construed to:

9 (1) authorize a health care provider to provide  
10 medical care or health care services outside of the scope of the  
11 health care provider's practice as defined by applicable state law;  
12 or

13 (2) require the insurer to pay for a medical care or  
14 health care service provided outside of the scope of a health care  
15 provider's practice as defined by applicable state law.

16 SECTION 5. This Act takes effect September 1, 2019.